

Armed Forces College of Medicine AFCM

Elbow & Tadio-ulnar joints

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INTENDED LEARNING OBJECTIVES (ILO)



By the end of this lecture the student

will be able to:

- 1) Describe type, articular surfaces, fibrous capsule, synovial membrane, ligaments, movements, arterial and nerve supply of elbow joint.
- 2) Describe type, articular surfaces, fibrous capsule, ligaments and movements of

3

Lecture Plan



Part 1 (20 min): Elbow joint.

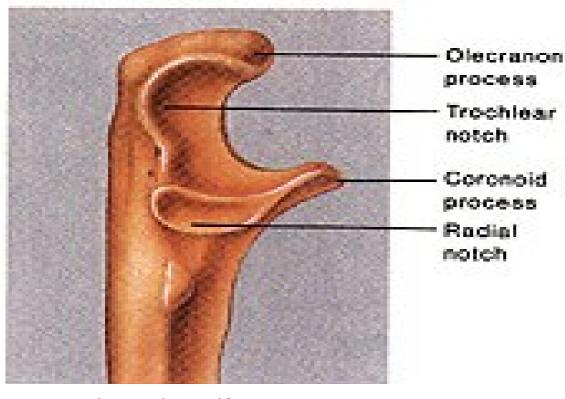
Part 2 (20 min): Radio-ulnar joints.

Summary (5 min)

Revision of the bones involved

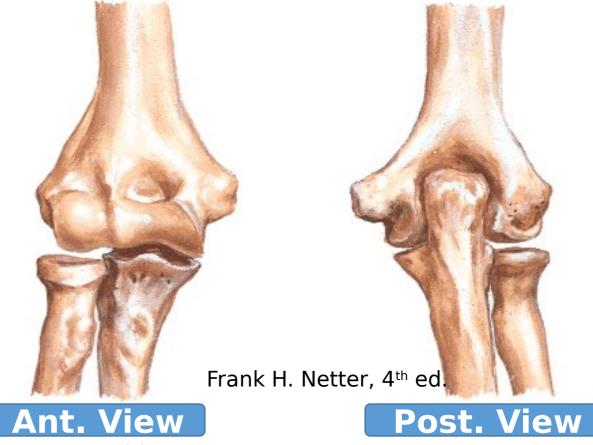


Upper end of ulna (Lat. View)



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Bones of Elbow in Extension Anterior and Posterior Views



ELBOW JOINT

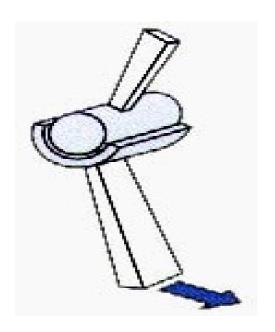
I. Type

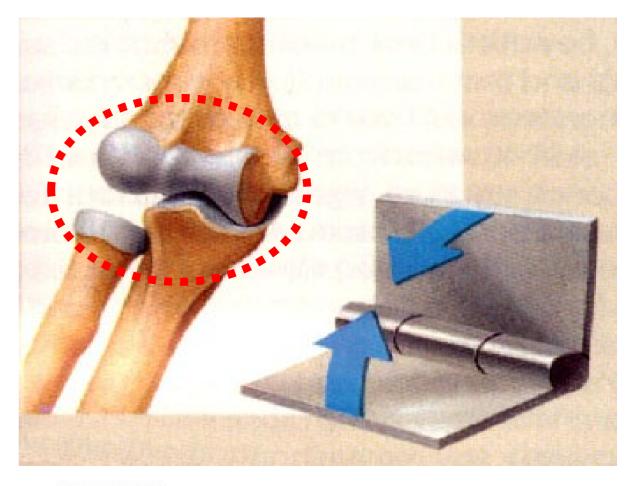


Type:

Synovial-hinge

joint





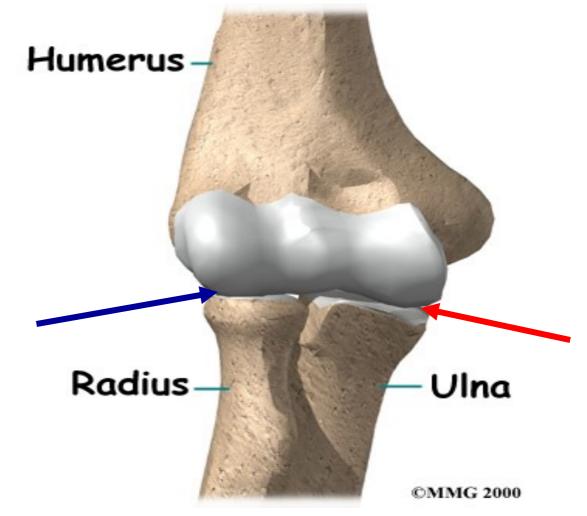
©MMG 2000

II. Articular surfaces:



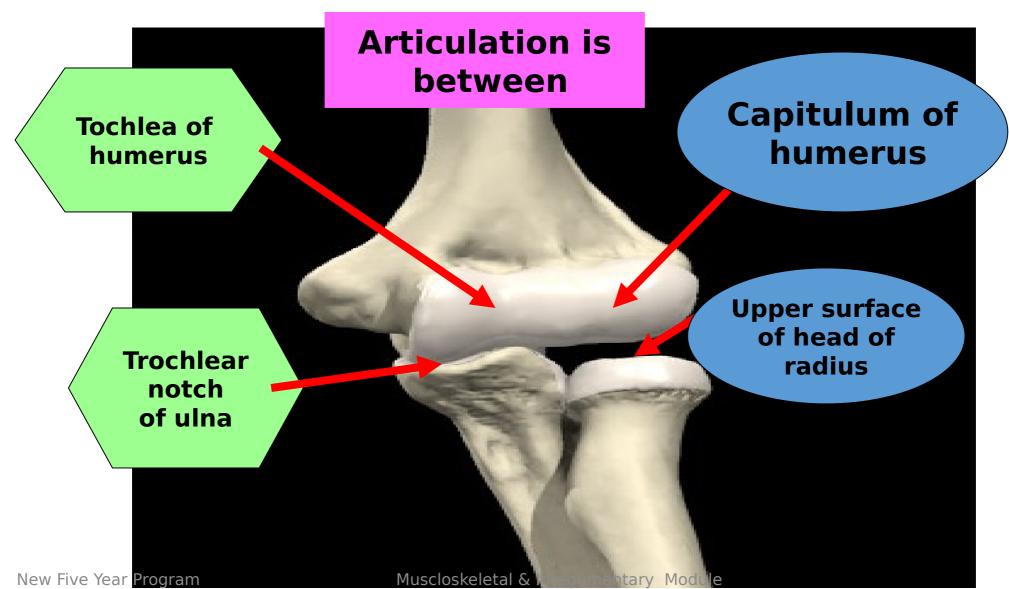
1- Humero-ulnar articulation

2- Humero-radial articulation



II. Articular surfaces:





III. Capsule:

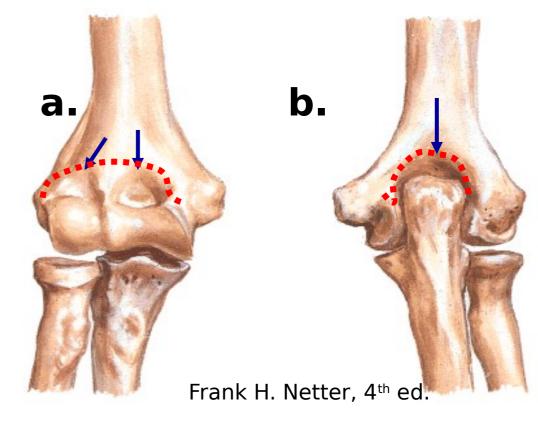


 Surrounds articulating surfaces

Bones of Elbow in Extension Anterior and Posterior Views

1) Superiorly [

- a. Front of humerus above coronoid & radial fossae.
- b. Back of humerus above olecranon fossa.
- i.e. the 3 fossae are intracapsular

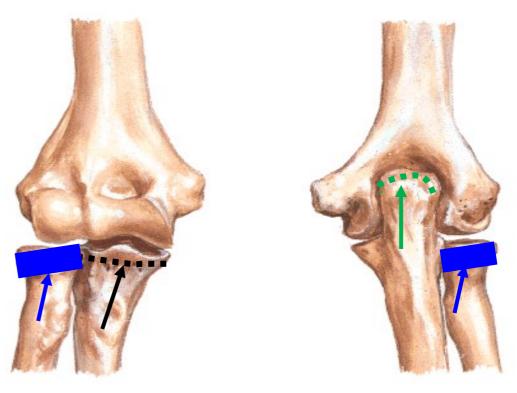


III. Capsule:



2) Inferiorly □ to margins of coronoid & olecranon processes & to annular ligament (surrounding head of radius)

Bones of Elbow in Extension Anterior and Posterior Views

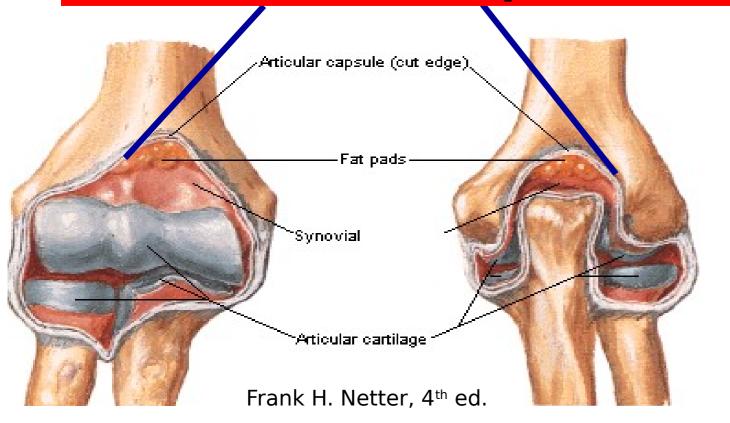


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Elbow Joint [Opened]

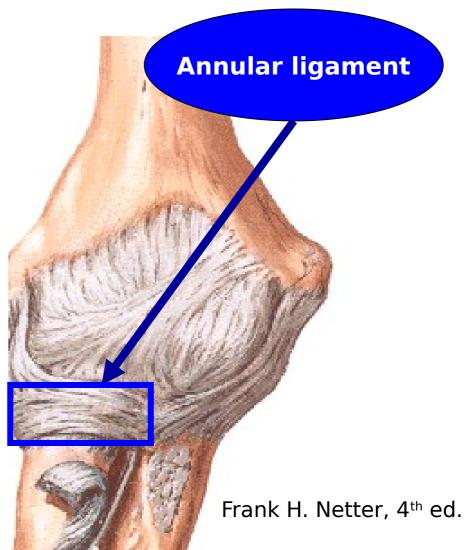
Anterior and Posterior Views

Line of attachment of articular capsule



Ligaments of Elbow

ht Elbow - Anterior View



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IV. Ligaments:





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1- Med. (Ulnar collateral) ligament:

- @ Triangular in shape formed of 3 bands connecting 3 bony features:
- a. Tip of med. epicondyle of humerus
 - b. Med. aspect of coronoid process of una.
 - c. Med. aspect of olecranon process of ulna.

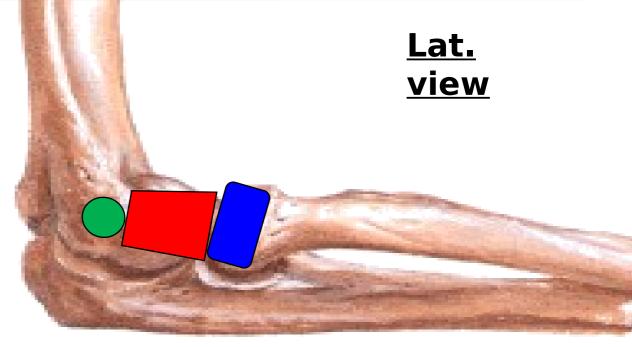
@ These 3 bands are:

- a. Ant. Band: between tip of med. epicondyle of humerus & med. aspect of coronoid process of ulna.
- b. Post. band: between tip of med.
 epicondyle of humerus & med.
 entary aspect of olecranon process of
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IV. Ligaments:



- 2- Lat. (Radial collateral) ligament: Δ
- Connects lateral epicondyle of humerus to upper border of annular ligament (surrounding head of radius)

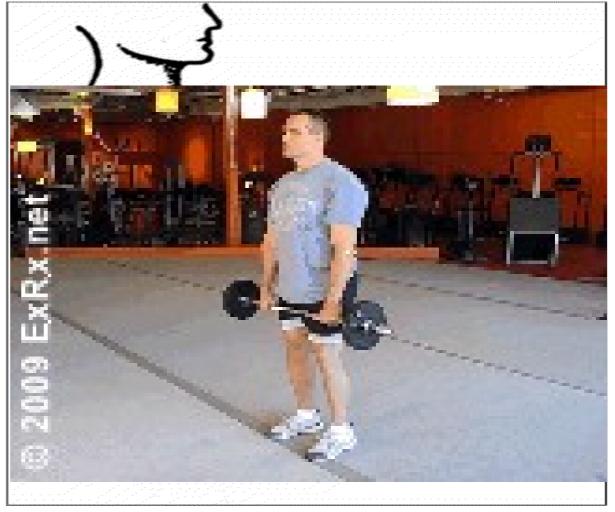


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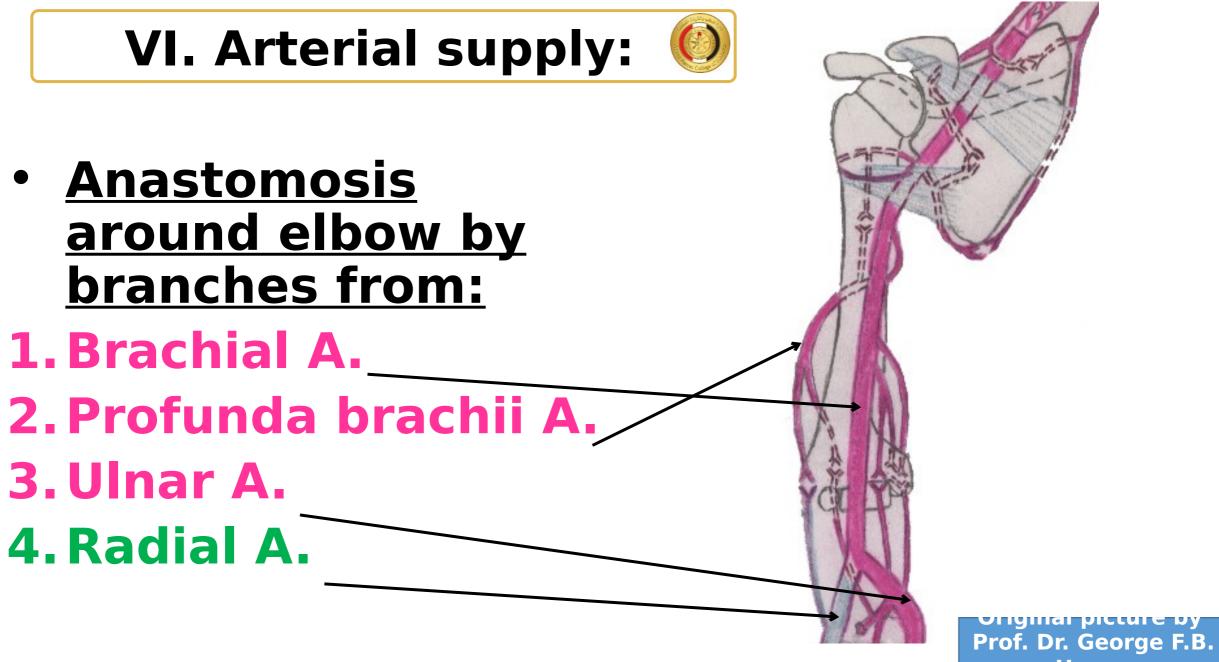
V. Movements:



 Uniaxial joint which permits flexion & extension only



Pronation & supination take place in the radioulnar joints NOT IN THE ELBOW JOINT

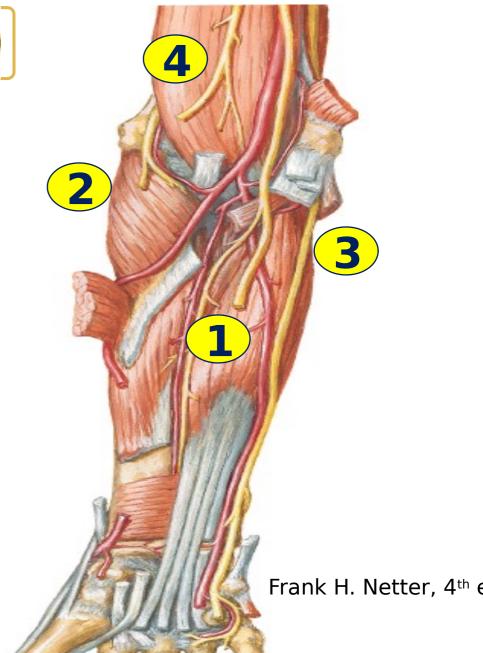


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VII. Nerve supply:



- By branches from:
- 1. Median nerve
- 2. Radial nerve
- 3. Ulnar nerve
- 4. Musculocutaneous nerve



VIII. Clinically applied points: In normal elbow



- 1) In extension, the medial and lateral humeral epicondyles and the olecranon process of ulna are in a straight line.
- 2) In flexion, the bony points form the boundaries of a triangle.



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VIII. Clinically applied points: 1) In elbow dislocation



 This arrangement is disrupted.





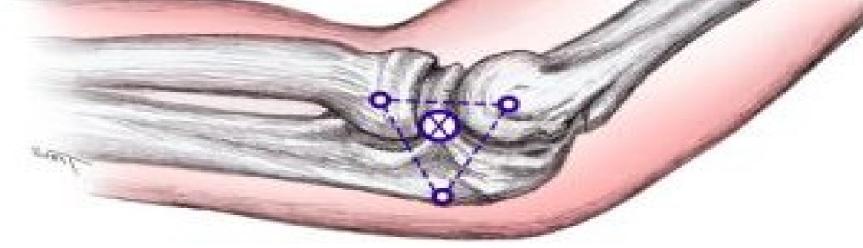
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VIII. Clinically applied points: 2) Arthrocentesis of elbow



Introduce the needle in the center of the triangle **bounded by:**

- a)Head of radius
- b)Lateral epicondyle of humerus.
- c)Tip of olecranon process of ulna.



Lecture Quiz



After a severe fall on the elbow, a 5-yearsold male child experienced severe pain in his right elbow. The orthopedic specialist diagnosed an avulsed (torn) medial collateral ligament. Which of the following structures might be affected as well?

- A. Medial epicondyle of humerus.
- **B. Lateral epicondyle of humerus.**
- C. Lateral aspect of coronoid process of ulna.
- D. Superior aspect of olecranon process of New Five Year Program

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Lecture Quiz Answer



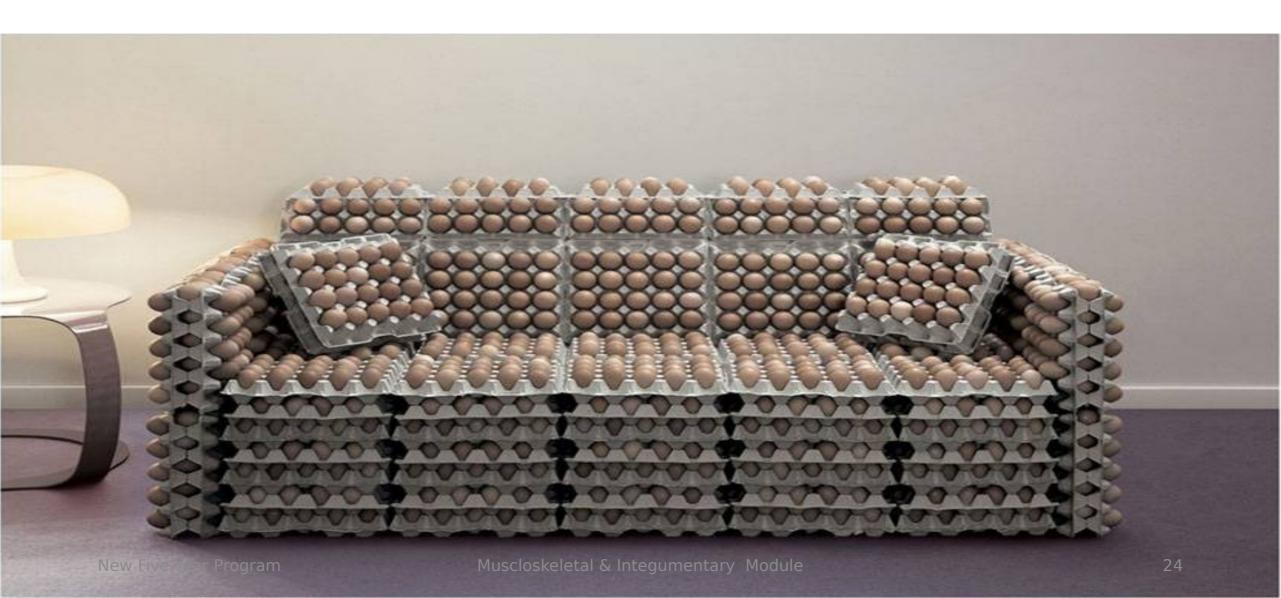
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- **B. Lateral epicondyle of humerus.**
- C. Lateral aspect of coronoid process of ulna.
- D.Superior aspect of olecranon process of New Five Year Program

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Relax, if you can



Aano-unar joins

3 Radio=ulnar joints



- 1) Superior (synovial- pivot).
- 2) Middle = Interosseous membrane (fibrous)
- 3) Inferior (synovial- pivot).

1) Sup. Radio-ulnar Joint (synovial- pivot)

Articular surfaces





Head of radius

Annular lig.

Radial notch of ulna

Quadrate lig.

(bet. neck of radius & ulna below radial Frank H. Netter, 4^{netch})

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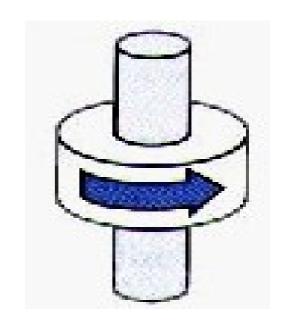
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1) Sup. Radio-ulnar Joint (synovial- pivot)



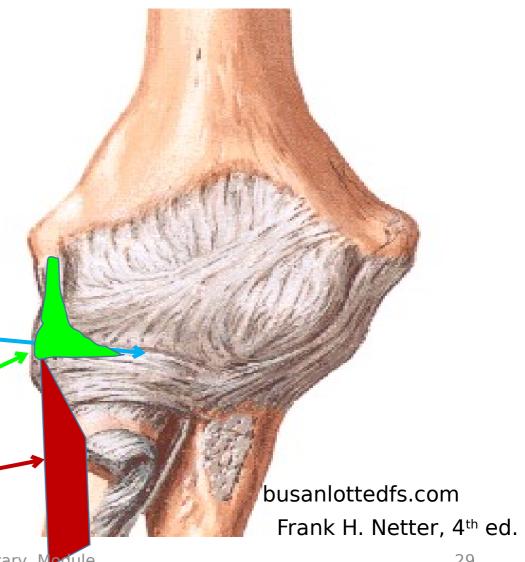
- @ Type: Synovial- pivot.
- @ Articular surfaces:
 - 1- Circumference of head of radius.
 - 2- Radial notch of ulna.
- @ Ligs.:
- 1- Annular lig. ??
- 2- Quadrate lig. (bet. neck of radius & ulna below radial notch) closes the J. from below.
- @Movements:

Pronation & supination ??.



Annular ligament

- **Surrounds** the head of radius & keeps it in position.
- Attached to the ant. & post. margins of radial notch of ulna.
- Its upper border is continuous with the capsule of elbow joint.
- Its outer (lat.) surface gives origin to radial collateral lig. of ellow Integumentary



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2) Middle Radio-ulnar Joint = Interosseous membrane



(fibrous joint)

Gives additional origin for

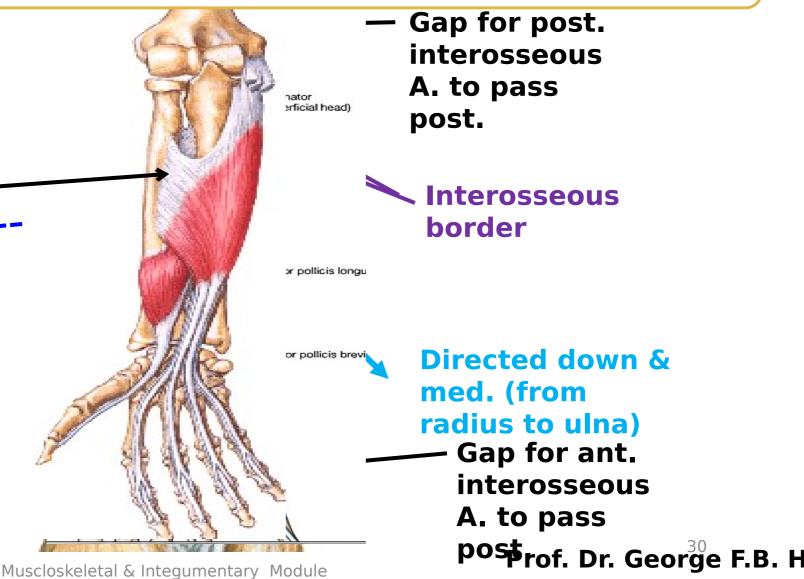
Deep flexors

& Deep extensors

of the forearm

Elsevier. Drake et al: Gray's anatomy for student – www. studentconsult.com
.Frank H. Netter, 4th ed

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2) Middle Radio-ulnar Joint = Interosseous membrane



(fibrous joint)

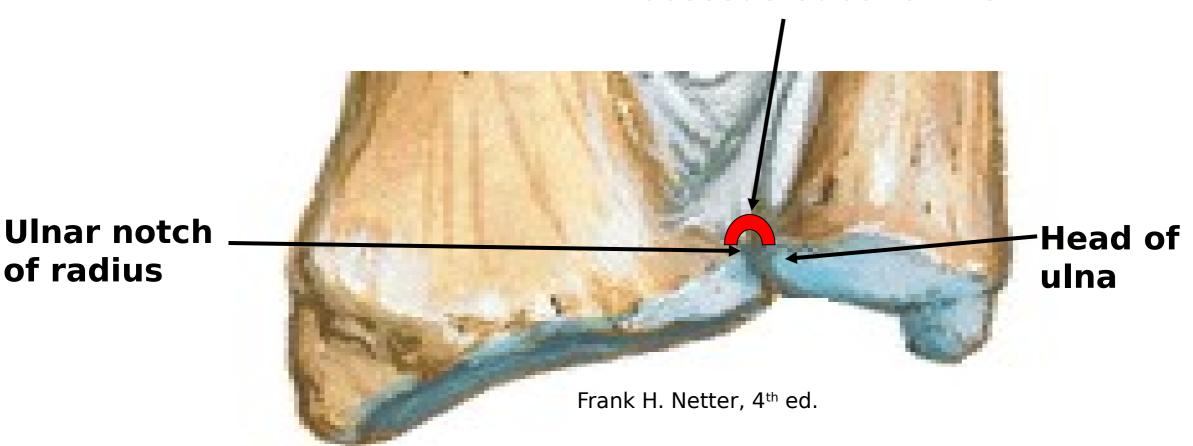
- tis a fibrous membrane connecting the interosseous borders of radius & ulna (beginning 1 inch below radial tuberosity).
- Its fibers are directed down & med. (from radius to ulna) → transmission of shocks from the hand to radius & then to ulna.
- It gives additional origin to the deep flexors & extensors of forearm.
- It presents 2 gaps:
- 1) An upper one (for the passage of posterior interosseous A. to the back of forearm).
- 2) A lower one (for the passage of anterior interesseous

 A to the back of wrist joint)

3) Inf. Radio-ulnar Joint (synovial- pivot)



Recessus Sacciformis

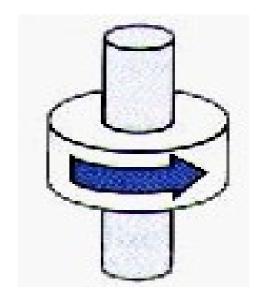


of radius

3) Inf. Radio-ulnar Joint (synovial- pivot)



- @ Type: Synovial- pivot.
- @ Articular surfaces:
 - 1- Head of ulna.
 - 2- Ulnar notch of radius.
- @ There is a recess projecting upwards from its capsule, called <u>Recessus Sacciformis.</u>
- Movements: Pronation & supination ??



Radio-ulnar joint diseases



- 1) The proximal radioulnar joint communicates with the elbow joint, whereas the distal radioulnar joint does not communicate with the wrist joint.
- In practical terms, this means that infection of the elbow joint invariably involves the proximal

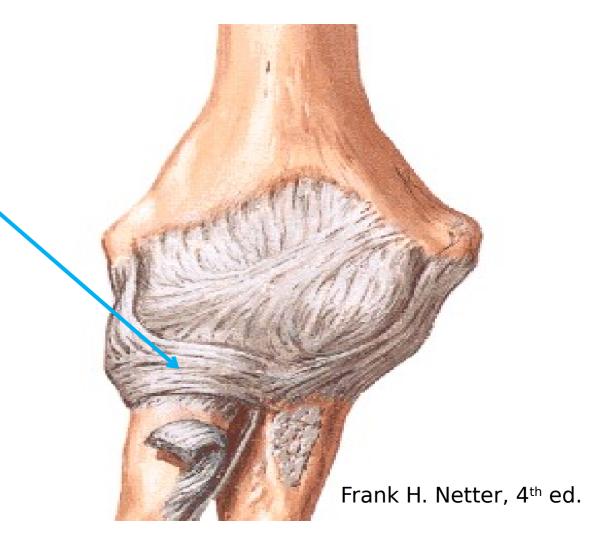
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Radio-ulnar joint diseases



2) The strength of the proximal radioulnar joint depends on the integrity of the strong annular ligament which can be ruptured in young children, in whom the head of the radius is still small and undeveloped.



Pronation & Supination

Axis connects head of radius with head of ulna

Supination

R // **U**

Radius

Stronger

From head to radius till head of ulna

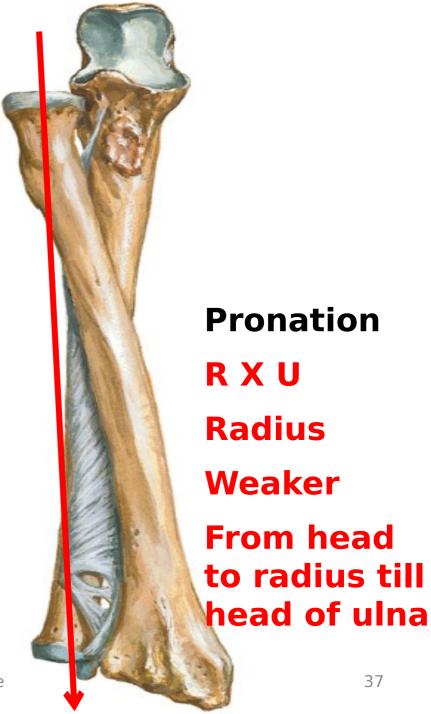
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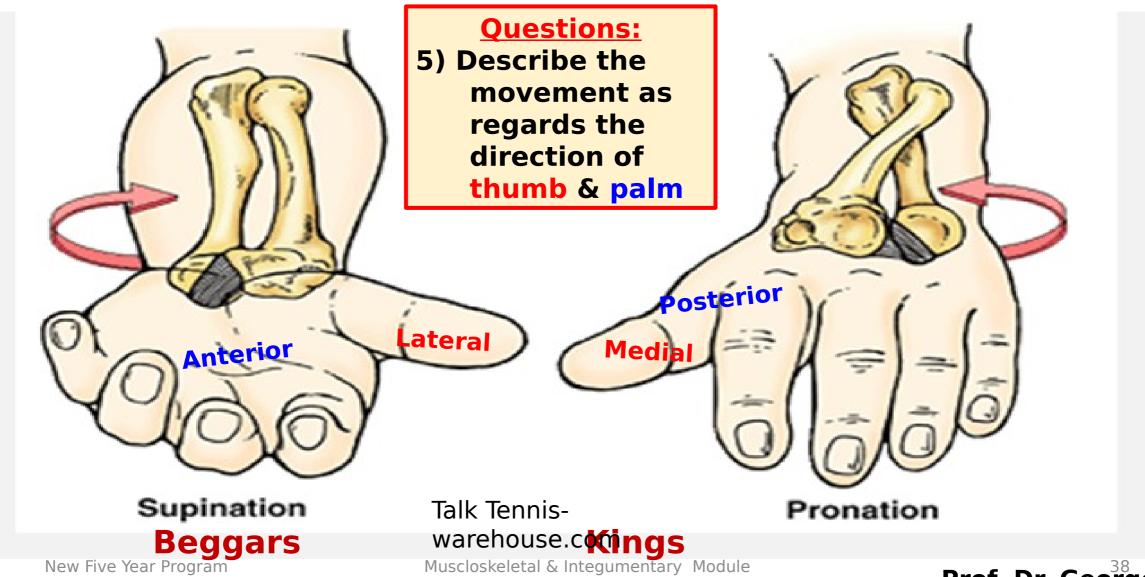
Axis of pronation & supination

Questions:

- 1) What is relation of ulna to radius?
- 2) Which bone moves? Is it important?
- 3) Which movement is stronger?
- 4) What is the axis of both movements?

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Lecture Quiz



Which of the following structures is responsible for preventing dislocation of the superior radio-ulnar joint?

- A. Brachioradialis muscle.
- B. Radial collateral ligament of elbow.
- C. Recessus sacciformis.
- **D.Qudarate ligament.**
- E. Annular ligament.

Lecture Quiz Answer



Which of the following structures is responsible for preventing dislocation of the superior radio-ulnar joint?

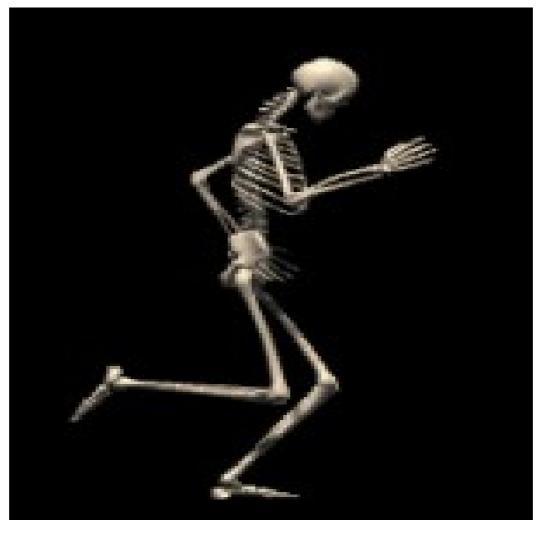
- A. Brachioradialis muscle.
- B. Radial collateral ligament of elbow.
- C. Recessus sacciformis.
- **D.Qudarate ligament.**
- E. Annular ligament.

SUGGESTED TEXTBOOKS



Snell Clinical Anatomy by regions 9th edition, p. 408-410 & figure 9.74 in page 410.

THANK YOU



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